



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-002255																						
<div style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</div> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>	In re Application of Jun KOYAMA et al.																							
	Application Number 09/774,888 Filed 02/01/2001																							
	For SEMICONDUCTOR DEVICE INCLUDING NONVOLATILE MEMORY ARRAY																							
	Group Art Unit 2814	Examiner Howard Weiss																						
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)*</td><td style="text-align: right;">\$900.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td style="text-align: right;">\$ _____</td></tr></table> <p>*First Month Filed 08/15/05</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Applicant claims small entity status.</td><td style="text-align: right;">10/14/2005 SZEWDIE1 00000150 192380 09774888</td></tr><tr><td><input type="checkbox"/> A check to cover the fee is enclosed.</td><td style="text-align: right;">02 FC:1253 900.00 DA</td></tr><tr><td colspan="2"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td></tr><tr><td colspan="2"><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</td></tr></table> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ Signature</td><td style="width: 50%; text-align: center;">October 13, 2005 Date</td></tr><tr><td style="text-align: center;">Luan C. Do - Reg. No. 38,434 Typed or printed name</td><td style="text-align: center;">202-585-8000 Telephone Number</td></tr></table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)*	\$900.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.	10/14/2005 SZEWDIE1 00000150 192380 09774888	<input type="checkbox"/> A check to cover the fee is enclosed.	02 FC:1253 900.00 DA	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.		_____ Signature	October 13, 2005 Date	Luan C. Do - Reg. No. 38,434 Typed or printed name	202-585-8000 Telephone Number
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<input type="checkbox"/> Total of _____ forms are submitted.																								

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